January 29, 2018

Subject: Endorsement of Health in All Policies (HiAP) Task Force Action Plan to Advance Equity in Government Practices

Reporting Period: January 2018

Staff Lead: HiAP Program Staff

Recommended Action:

Endorse the Health in All Policies (HiAP) Task Force Action Plan to Advance Equity in Government Practices**.**

Summary:

Council endorsement confirms support from the SGC for the Health in All Policies (HiAP) Task Force Action Plan to Advance Equity in Government Practices and formalizes the Action Plan and its commitments. The Action Plan is summarized below, and the full text is included in Attachment A.

Background:
This HiAP Task Force Action Plan reflects the Task Force and Council's long-standing commitment to equity and was formed in direct response to requests from HiAP Task Force members for additional equity resources, capacity building, partnerships, and institutional support to advance their work collaboratively and collectively.

Summary of HiAP Task Force Action Plan
This three-year Action Plan (2018-2020) articulates commitments from nearly 20 departments and agencies to increase government capacity for equity, incorporate equity into grants, guidelines, and other programmatic work, and develop institution-wide racial equity action plans. This work will rely upon support from a wide range of government and non-government partners including staff at the Strategic Growth Council and Department of Public Health, the Public Health Institute, Race Forward, and foundation funders including The California Endowment.

This plan focuses on building capacity of state government to promote equity through programs, guidelines, and institutional practices, by:
- gathering and sharing promising practices;
- developing and disseminating model language and templates;
- providing training in new approaches to criteria development, scoring, data usage, and community engagement; and
- building understanding of the heath and equity impacts of a variety of "non-health" policy areas including housing, transportation, community greening, and workforce development.

Action Plan Goal: Health in All Policies Task Force member agencies and departments promote equity through programs, guidelines, and institutional practices.

CALIFORNIA STRATEGIC GROWTH COUNCIL

Objective 1. By December 2019, at least 9 departments will have increased capacity to advance equity, and developed and approved departmental Racial Equity Action Plans.

Objective 2. By December 2020, state government will incorporate equity practices into guidelines, criteria, or scoring for at least 5 programs.

Outcomes include:
- 10 departments or agencies adopt racial equity action plans or apply racial equity tools.
- New SGC webpage with health and equity information, grant guideline templates, model language, and checklists of key equity criteria or considerations for use by partner departments and agencies.
- At least 5 grant programs will receive health and equity consultation.
- At least 5 grant programs will incorporate equity practices into guidelines, criteria, or scoring.

Health in All Policies Task Force
Equity in Government Practices Action Plan
Projected Timeline: 2018-2020

Summary

All Californians should have the opportunity to live a long, healthy life, regardless of their income, education, or race. Nevertheless, stark inequalities persist in California, with the largest health burdens and barriers facing people of color and low-income communities. These differences lead to health inequities, which are differences in health that are unjust, unfair, and preventable. Government has the ability to implement policy change at all levels and across multiple sectors to drive large systemic change. This action plan is a step toward implementing those changes in order to increase health and promote equity across California.

Many members of the Health in All Policies (HiAP) Task Force have identified their involvement with the Task Force as essential for their work to advance equity. This Action Plan reflects the Task Force's long-standing commitment to equity and was formed in direct response to requests from Task Force members for additional equity resources, capacity building, partnerships, and institutional support to advance their work collaboratively.

This Action Plan seeks to advance social, health, and racial equity by following a three-part strategy of normalizing conversations about equity, organizing government to achieve equity, and operationalizing practices and policies to promote equity. This will be accomplished through collaboration between multiple agencies and departments that are spearheading this approach, vetting and disseminating resources and tools, and providing training and technical assistance to participating departments.

Action Plan Goal: Health in All Policies Task Force member agencies and departments promote equity through programs, guidelines, and institutional practices.

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Objective 2: By December 2020, at least 5 programs will incorporate equity practices into guidelines, criteria, or scoring.

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Health in All Policies Task Force
Equity in Government Practices Work Plan Table
Projected Timeline: 2018-2020

Note: Implementation of the actions listed below is contingent upon available resources. The actions are a collection of specific activities that a) reflect the Five Key Elements of a Health in All Policies approach, b) were prioritized by the Health in All Policies Task Force and agreed upon through a consensus process, c) leverage existing partnerships and efforts, and d) are aligned with the State's sustainability, equity, and health goals. Additionally, this Action Plan is a "living document" that allows for the Task Force to remain flexible and pursue opportunities as they arise.

Action Plan Goal: Health in All Policies Task Force member agencies and departments promote equity through programs, guidelines, and institutional practices.

Objective 1. By December 2019, at least 9 departments will have increased capacity to advance equity, and will have developed and approved departmental Racial Equity Action Plans.		
Actions	**Participating Agencies**	**Measures of Success/Outcome**
1a. Implement Government Alliance on Race and Equity (GARE) Capitol Cohort pilot.[i]	GARE Cohort members: CAC, Caltrans, CCC, CDE, CDCR, CDPH, CSD, DSS, EPA, HCD, SGC/OPR, and SLC GARE Strategy Team: BCSH, CDPH, CalHR, GovOps, HCD, HHS, SGC	GARE Capitol Cohort members will: • Develop, approve, and/or begin implementation of Racial Equity Actions Plans • Participate in 7 learning sessions over the course of the 11-month GARE pilot • Engage executive leadership in this program through at least 2 briefings/input sessions The GARE Strategy Team will provide guidance, assist with problem solving, identify common issues, and seek system-wide solutions.
1b. Host Advancing Equity Speaker Series for state government staff to learn from and strategize with equity	Sessions will be organized by HiAP staff and the Center for Social Inclusion. These will be	• 5 sessions will be delivered • Over 300 staff representing at least 20 departments, agencies, or boards, will attend at least one session

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[i] The Government Alliance on Race and Equity Capitol Cohort pilot is a year-long learning and action cohort that builds the capacity of state departments and agencies to promote racial equity, make institutional commitments to advance racial equity, and integrate racial equity into existing and new work plans. For more information, see the SGC website.

experts and peers to advance a shared commitment to equity.	open to all State departments/agencies, including those not participating in the cohort pilot.	• Evaluation results from each session will show that participants increase knowledge/understanding of racial equity concepts and strategies
1c. Assess and document impact, provide recommendations for future work in this area, and pursue resources to carry out next steps, if appropriate.	HiAP staff, in partnership with outside consultants, as resources permit	• Staff and Task Force representatives will provide a brief report to the Council with a summary of successes and accomplishments, challenges and barriers, and recommendations for future work. • If recommended, staff will pursue additional resources to support implementation of racial equity action plans and/or expansion of the program to reach additional departments.

Objective 2. By December 2020, at least 5 programs will incorporate equity practices into guidelines, criteria, or scoring.		
Actions	**Participating Agencies**	**Measures of Success/Outcome**
2a. Identify and disseminate lessons learned, emergent practices, tools, criteria, and/or measures to promote health and equity through government programs. Convene representatives of participating agencies, as appropriate.	Participants may include the CDPH Climate Change and Health Equity Program[ii] and Disadvantaged Community Outreach Work Group[iii]	• Progress reports on lessons learned, emergent practices, tools, and recommendations related to promoting health and equity • Dissemination through SGC website and other venues
2b. Provide health and equity consultation to departments (or connect departments to resources providing this service) as they develop or update grant programs and	Consultation will be provided by HiAP Staff, CDPH Climate and Health Equity Program, SGC, and others as appropriate, and as resources permit.	• At least 5 grant programs will incorporate equity practices into guidelines, criteria, or scoring • At least 5 grant programs will receive health and equity consultation

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[ii] The Climate Change and Health Equity Program, at the California Department of Public Health in the Office of Health Equity, provides health equity input to climate-change related guidelines, plans, and policies.

[iii] The Strategic Growth Council, in partnership with the California Environmental Protection Agency and the Air Resources Board, convenes the Disadvantaged Community Outreach Work Group, comprised of the Disadvantaged Community Liaisons and outreach staff across all state agencies administering California Climate Investment programs. The Work Group coordinates outreach efforts across CCI programs and is conducting cross-program outreach with the goal of leveraging staff, time, and resources to better reach disadvantaged communities with important funding opportunities.

guidance documents. These may include: • Transformative Climate Communities Planning Grant • Other Climate Change Investment programs		• Number of changes made to funding projects to advance health and equity • Number of grants and amount of funds awarded to projects that include health and equity strategies
2c. Promote and support an inclusive workforce through policy, leadership training and development, workforce and succession planning, upward mobility and employee hiring and retention practices.	CalHR, CDPH, GovOps	In development

Acronym Key:

BCSH: Business, Consumer Services and Housing Agency
CAC: California Arts Council
CalHR: California Department of Human Resources
Caltrans: Department of Transportation
CCC: Coastal Commission
CDE: Department of Education

CDCR: Department of Corrections and Rehabilitation
CDPH: Public Health Department
CSD: Community Services and Development
DSS: Department of Social Services
EPA: Environmental Protection Agency
GovOps: Government Operations Agency

HCD: Housing and Community Development
HHS: Health and Human Services Agency
OPR: Office of Planning and Research
SGC: Strategic Growth Council
SLC: State Lands Commission

Equity in Government Practices Action Plan Supporting Narrative

California Health in All Policies Task Force

The California Health in All Policies (HiAP) Task Force was created under the auspices of the Strategic Growth Council (SGC) as a multi-agency effort to identify priority programs, policies, and strategies for state action to improve health, equity, and sustainability in California. Recognizing that health and mental health are largely shaped by the environments in which people live, work, learn, and play, the Task Force works across policy fields that fall outside of the traditional realms of public health and health care. Task Force membership includes 22 State agencies, departments, and offices, working together to establish multi-agency goals, leverage co-benefits, and implement win-win solutions to some of California's greatest challenges such as growing inequities, chronic disease, environmental degradation, and climate change. The HiAP Task Force is staffed through a partnership between the Strategic Growth Council, the California Department of Public Health, and the Public Health Institute.

The 5 Key Elements of Health in All Policies

Five Key Elements[1] have been identified as essential for ensuring success of Health in All Policies efforts. All objectives and action steps in the action plan reflect some, if not all, of these elements:
1. Promote health, equity, and sustainability
2. Support intersectoral collaboration
3. Benefit multiple partners
4. Engage stakeholders
5. Create structural or procedural change

Action Plan Development & Stakeholder Engagement

This Action Plan was developed over the course of 2016 and 2017 through an in-depth collaborative process, with participation and input from an ad hoc equity workgroup of State agencies[iv] as well as stakeholders from outside of state government.[v] Task Force members and staff held one-on-one and small group meetings with individuals from government and non-government stakeholder groups to gather information on current priorities related to equity, facilitate connections between government agencies, and identify opportunities for collaboration.

As a preliminary step, in the fall of 2016, the ad hoc equity workgroup developed and administered an equity questionnaire to better understand the landscape of State agency equity activities and determine priority activities for the action plan. Between the questionnaire and follow-up conversations, Task Force members indicated a need for additional technical assistance as they promote health and equity through programs and guidelines. Specific needs include assistance to use data tools to identify and prioritize communities with the greatest socioeconomic needs, maximize health and other co-benefits, use health and equity performance measures, conduct meaningful community and stakeholder engagement, and mitigate unintended consequences of community development, including displacement. During

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[iv] Ad hoc Equity in Government Practices Work Group participants: Department of Public Health, Office of Planning and Research, Natural Resources Agency, Department of Transportation, Health and Human Services Agency, Department of Housing and Community Development, Department of Community Services and Development, Department of Social Services, Department of Education, and Government Operations Agency.

[v] Key external stakeholders include the Bay Area Health Inequities Initiative, California Pan Ethnic Health Network, ChangeLab Solutions, Human Impact Partners, John Snow Inc., Prevention Institute, PolicyLink, Public Health Alliance of Southern CA, Public Health Institute, Regional Asthma Management and Prevention

implementation, staff will convene external health and equity stakeholders to provide expert input to the HiAP Task Force on equity strategies and ensure early, continuous, and meaningful opportunities to inform and support implementation of this action plan.

In early 2018, Task Force members finalized this action plan through a consensus approval process.

Task Force Member Equity Questionnaire Responses

"We are committed to advancing equity throughout all of its programs, and welcome the opportunity to partner with HiAP or other state agencies to continue to broaden our equity focus."

"Establishing a vision or guiding principle for equity that applies across our department's diverse divisions would likely be a valuable component of our engagement on equity issues."

"Intentional and replicable collaboration around initiatives like HiAP will help staff to think about how we apply an equity lens to our work."


Equity Framework, Principles, and Terminology

Equity is an evolving concept, and there is no single agreed-upon definition among State agencies. Though the principles and terminology below describe complex concepts and may not adequately meet the needs of staff as they implement legislation, grants, and programs they can provide consistent language for use between departments. Through the learning and capacity building opportunities including the work plan table, staff will come together in a more detailed and technical manner discuss and share different definitions and means of identifying target populations. For the purposes of this Action Plan, The Task Force is using the following principles and terminology:

- **Equity** is synonymous with fairness and justice. Equity is both an outcome and a means to an end. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept.

- **Racial equity** and **health equity** are two terms used in the document and are included in the overall definition of equity, but have specific focuses.
  - **Racial equity** is achieved when race can no longer be used to predict life outcomes, and outcomes for all groups are improved.[2]

    Health equity is achieved when every person has the opportunity to attain his or her full health potential and no person is disadvantaged from achieving this potential because of social position or other socially determined circumstances.[3]

- **Inequities** are unfair, avoidable, and unjust differences that are created when systemic barriers prevent individuals and communities from reaching their full potential.[4]

- **Social inequities** are disparities in power and wealth that occur at the structural level. Structural inequities encompass policy, law, governance, and culture, and refer to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains. These inequities produce systematic disadvantages, which lead to inequitable experiences of the social determinants of health and ultimately shape health outcomes.[5]

Figure 1: Equality versus Equity

The terms equality and equity are often used interchangeably. However, equality is about giving equally to all regardless of need or circumstances. On the left, all of the figures have an equal number of boxes to stand on, but there are inequities in the outcomes. On the right, each of the figures is given a different number of boxes recognizing that each individual has different needs reach the fruit. *Image Source: Saskatoon Health Region, 2014 What is Health Equity? A Primer for the Health Care System*

Equality doesn't mean **Equity**
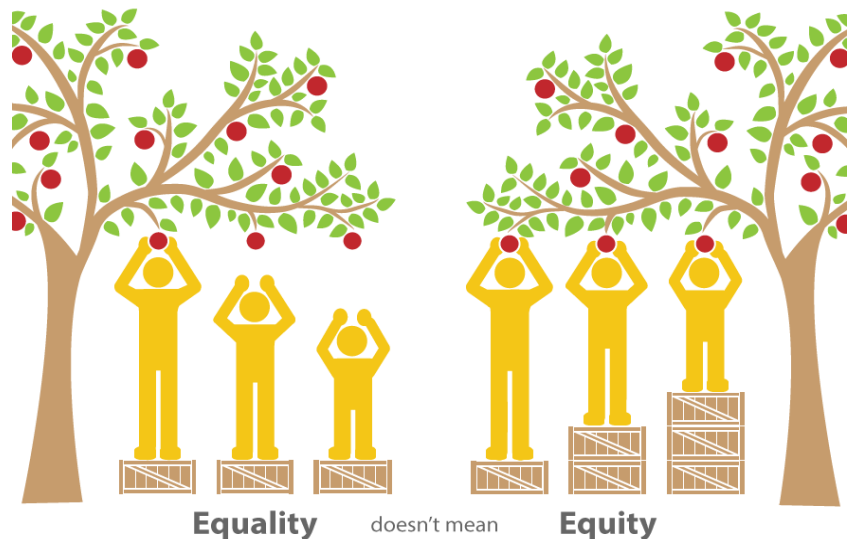
Equity Framework: The Social Determinants of Equity

To better understand the current inequities found in California and beyond, it is important to explore the relationships between public policy, the social and physical environment, and health and equity. The following framework from the Bay Area Health Inequities Initiative (BARHII)[6] shows how social inequities, including racism, sexism, and other forms of discrimination, are reinforced by and implemented through institutions, which in turn create differential living conditions, risk behaviors, and ultimately disease, injury, and mortality.
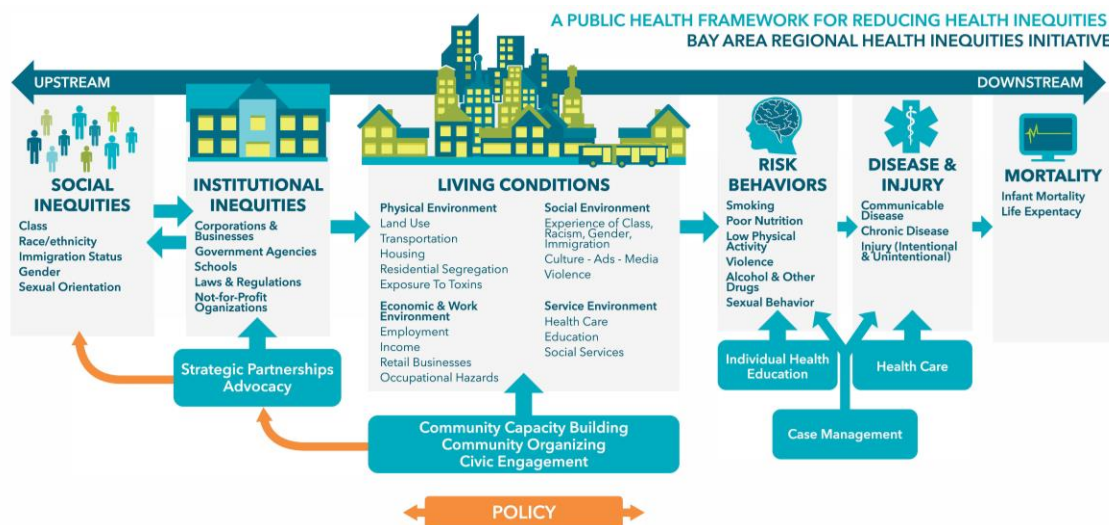
Figure 2: BARHII Framework

This framework shows upstream and downstream influences on health and equity including social and institutional inequities, as well as entry points for intervention.

One way that government can operationalize equity is by prioritizing resources and programs for populations with the greatest need, particularly those who are historically and currently disinvested and underserved.

Rationale for Government Action on Equity

From the inception of our country, government at all levels has played a role in creating and maintaining inequities, including through institutional racism. At the same time, government has a unique opportunity to address these inequities. Leaders of California's state government have made commitments to advancing equity, including through this action plan. The following section discusses the health impacts of racism, provides information about the historical legacy of oppressive government actions, explores intersectionality and multiple social identities and how that relates to equity work, and discusses opportunities to advance equity through government action.

> **Health in All Policies and Equity**
> Health and health equity are shaped by a web of resources, risks, and opportunities, including the interrelationship between land use decisions, housing values, local schools revenue, educational outcomes, access to jobs and income, and criminal justice. This interdependence requires collaborative efforts across sectors concerto develop effective remedies. For this reason, a Health in All Policies approach is uniquely suited for facilitating inter-sectoral work to address institutional inequities and advance government equity practices.

Government's Historical Legacy of Institutional Oppression

Institutional racism is a form of structural violence where the social structures, institutions, and relations of power and privilege cause harm by preventing people from meeting their basic needs and can lead to community and individual level trauma. Symptoms of community trauma include intergenerational poverty, unemployment, disinvestment, disconnected and damaged relationships, deteriorated environments, and dangerous public spaces for example.[7]

A wide range of laws and policies were passed, deciding who could vote, who could be a citizen, who could own property, who was property, where one could live, and more. With the Civil Rights movement, new laws and policies including the Civil Rights Act of 1964, Voting Rights Act of 1965, the Fair Housing Act (within Title VIII of the Civil Rights Act of 1968), and the Americans with Disabilities Act of 1990, helped to create positive changes, including making explicit acts of discrimination illegal. However, despite progress in addressing explicit discrimination, racial and other inequities continue to be deep, pervasive, and persistent across the country. Inequities exist across all indicators for success, including in education, criminal justice, jobs, housing, public infrastructure, and health, regardless of region. Due to differences in opportunity that are a direct result of discriminatory government policies, further policy changes are needed to alleviate inequities in historically and currently marginalized communities. Below are a few historical examples of government's role in perpetuating or countering institutional oppression.

The Federal Housing Authority (FHA): A product of the Jim Crow era, 1934-1968 FHA loan practices are a prominent example in United States history of how the impacts of historical discriminatory laws and practices persist today. During this period less than 2% of the mortgages backed by the FHA went to Black home-owners as a result of explicit exclusionary policies and practices created by the Federal government.[8] Through an overt practice of denying mortgages based upon race and ethnicity, the FHA played a significant role in the legalization and institutionalization of racism and segregation.

Although these policies and practices have been legally changed, the FHA's practices led to residential segregation and a cycle of concentrated poverty among Black communities and other communities of color, which persists today. As a result of the exclusionary housing policies Black families and other people of color still have proportionally less wealth compared to their white counterparts. Home and property ownership is one of the primary means in which wealth is passed on to future generations in the United States, and wealth is a primary determinant of health. Figure 3 shows that in a present day context, household wealth is unevenly distributed across race. This demonstrates the historical legacy of the FHA and other discriminatory policies on current household wealth in California.

Figure 3: Percentage of California's households and household wealth (net worth), by race/ethnicity, California, 2010. Source: U.S. Census Bureau, Census 2010, Summary File 2, and Survey of Income and Program Participation (Panel 2008, Wave 7).
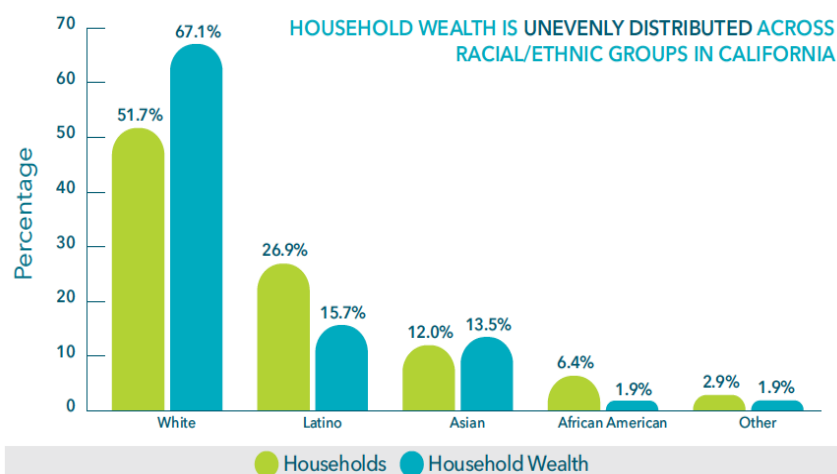
The Social Security Act of 1935: The Social Security program began as a measure to implement "social insurance" during the Great Depression of the 1930s, to provide benefits largely to retirees and the unemployed. The 1935 Social Security Act excluded from coverage about half the workers in the American economy including agricultural and domestic workers, which meant that women and people of color, who predominantly made up and continue to make up this group today, were excluded from coverage. It was not until the 1950s that domestic laborers, hotel workers, laundry workers, and all agricultural workers were added to Social Security.

Able-Bodiedness and ADA: In 1990 the United States passed the Americans with Disability Act (ADA). Similar to the Civil Rights Act of 1964, which made discrimination based on race, religion, sex, national original and other characteristic illegal, the ADA provides comparable protections to those with physical and mental medical conditions (Section 504 of the 1973 Rehabilitation Act in 1973 previously banned discrimination on the basis of disability by recipients of federal funds; the 1990 Act expanded the protection beyond recipients of federal funds). For the first time, the exclusion of people with disabilities was viewed as discrimination. Previously, it had been assumed that the problems faced by people with disabilities, such as unemployment and lack of education, were inevitable consequences of the physical or mental limitations imposed by the disability itself. The enactment of Section 504 and later the ADA, was based on the recognition that the lower social and economic status often experienced by people with disabilities was not a consequence of the disability itself, but instead was a result of societal barriers and prejudices. As with other protected classes, Congress recognized that explicit legislation was necessary to protect those with mental and physical disabilities from discriminatory policies and practices.[9]
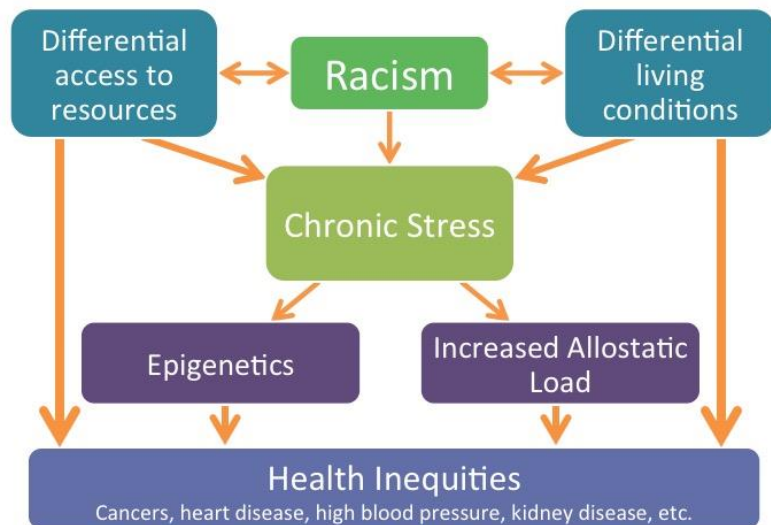
How Discrimination Makes Us Sick

Discrimination causes poor health by reducing access to resources and living conditions that are necessary for health, and by inducing a physiological response to stress, which causes harm to the body.

Low-income communities, communities of color, people with disabilities, the elderly, and other groups that face oppression often have limited access to income and opportunities, including educational resources, healthy foods, safe places for physical activity, social connection, safe transportation, and adequate and affordable housing. Additionally, these same people are more likely to be exposed to pollutants in the air, water, and soil. All of these factors result in a physical, social, economic, and educational environment where it is challenging to achieve optimal health and well-being.

Experiences of racism, discrimination, microaggressions, and other acts of oppression contribute to poor health outcomes. The chronic stress of being treated differently and unfairly in comparison to others, and having inequitable access to resources, can create a hormonal stress response.[10,11,12] Frequent activation of the stress response, which can happen when individuals and communities are confronted with inequities and discrimination over and over again in different parts of their lives, can result in a chronic elevation of stress hormones, referred to in scientific literature as allostatic load.[13] Allostatic load is the "wear and tear on the body" that occurs over time as individuals are exposed to repeated or chronic stress.[14]

Figure 4: Chronic Stress and Racism. Differential access to resources and living conditions along with experiences of racism can have a physiological impact on the body resulting in health inequities. In this figure, "racism" can be substituted by other forms of oppression such as sexism, genderism, and able-bodieism and also trauma and/or fear. Cumulative effects of individual and community trauma can also result in elevated stress levels leading to the same poor health outcomes. *Image Source: California Department of Public Health*

When allostatic load occurs, a wide range of the body's systems, including cardiovascular, metabolic, nervous, and immune, lose their ability to adapt and function normally. For example, long-term elevated stress hormones may result in elevated blood pressure and blood sugar levels. Further, due to chronic stress, the nervous system may lose its ability to block pain or maintain healthy levels of neurochemicals that modulate mood, or the immune system may lose its ability to adapt on either end of the spectrum (immune suppression can limit the body's ability to fight off disease, and over-activity can lead to illnesses such as cancer). Researchers are finding that this chronic stress response can impact genetic expression, which can be passed to future generations through a process known as epigenetics.[15] This can result in the children of parents exposed to traumas or extreme stressors carrying genes that are more

sensitive to stress reactions. For these reasons, and many others, discrimination, including racism, is a key issue and priority for advancing public health.
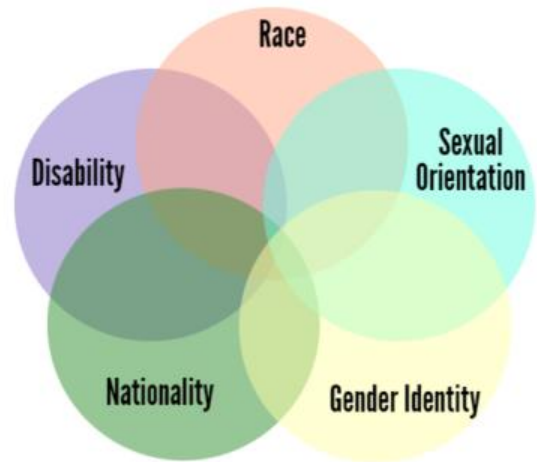
Equity and Intersectionality

Social identities do not exist independently of each other. Individuals can have multiple identities, creating a complex convergence of lived experience, social resources and networks, and oppressions. This individual complexity helps to create rich, diverse communities with unique assets and strengths, and can also result in individuals and communities facing multiple and sometimes compounding forms of oppressions. For example, a Latino, immigrant farmworker may face discrimination based upon his race/ethnicity, immigrations status, language, and occupation.

The concept of intersectionality recognizes these connections as critical to reducing disparities and promoting equity. Sociology professors Patricia Hill Collins and Sirma Bilge wrote:

"When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves."[16]

Figure 5: Intersectionality
Image Source: http://www.ywboston.org/2017/03/what-is-intersectionality-and-what-does-it-have-to-do-with-me/

In this Action Plan, the Task Force and HiAP staff will focus on a wide range of inequities, and will also focus explicitly on racial equity through the Government Alliance on Race and Equity (GARE) Capitol Cohort pilot program. Racial inequities are deep and pervasive. When health outcome data is disaggregated by race plus any modifier (e.g., gender, income, age, sexual orientation, ablebodiedness), people of color usually have worse health outcomes compared to Whites across an array of indicators including access to resources, living conditions, and experiences of discrimination. A direct and intentional focus is required to ensure that racism and racial inequities are not avoided or ignored. Focusing on institutional racism can provide a framework and tools that can also be applied to other forms of marginalization. Finally, inclusion of a racial equity framework can help strengthen other approaches. For example, a gender equity initiative that does not include race may include strategies that work better for White women than for women of color, resulting in increasing inequities between White women and women of color. In this example, applying a racial equity lens would help ensure that all women benefit.

One way that government can consider intersectionality in policies and programs is by creating programs that are tailored to specific populations and community needs. For example, The California Black Infant Health Program, administered by the California Department of Public Health aims to reduce disparate health outcomes among Black mothers and their children by providing culturally appropriate group sessions and case management to women in fifteen local health jurisdictions. All programs that seek to reduce inequities should consider a wide range of identities and social markers that may result in worse outcomes, and work early to ensure that they are not overlooking important intersectional factors.

Opportunity for Government Leadership

While many sectors have important roles to play in promoting equity, government has a unique opportunity for impact because it holds significant institutional power, allocates a broad range of resources, creates laws and policies, and is a major employer. Key government functions provide an abundance of opportunities to integrate equity. These mechanisms include hiring and workforce development practices, grant funding distribution, guidance and best practice resources, permitting and licensing processes, contracting, training, technical assistance, research, and evaluation, as well as practices such as community engagement, linguistic accessibility (including employing bilingual employees to provide services to non-English speaking clients/customers), and commitments to equity work by leadership.

> "With the right approach, government has the ability to integrate racial equity as a norm that is operationalized, putting values into action."
>
> --Julie Nelson, Center for Social Inclusion

California state government is also already taking the lead to improve equity. Below are a few examples from California demonstrating how government is leading in this field.

- The Open Justice Data Act of 2016, sponsored by the Attorney General and signed by Governor Brown, requires the Department of Justice (DOJ) to update the Open Justice Web Portal annually. Per AB 993 (Racial and Identity Profiling Act of 2015), DOJ will begin collecting and reporting data on law enforcement stops and detentions and citizen complaints alleging racial and identify profiling.
- The Department of Housing and Community Development (HCD) and the Department of Public Health (CDPH) participated in the Government Alliance on Race and Equity 2016 Northern California cohort. HCD has developed a draft Racial and Cultural Equity Plan (with a 2-year Action Plan). The draft plan will "promote inclusion, race and cultural equity in HCD policies, procedures and programs by identifying and eliminating explicit and implicit practices that result in inequity and create an environment that respects and honors diversity." CDPH is in the process of approving a Racial and Health Equity Action Plan and sees this as a significant commitment to advancing equity in internal operations.
- The California Statewide Park Development and Community Revitalization Act of 2008 steers funds for parks and recreational facilities towards communities with the greatest need for increased access to green space. It prioritized applicants that had engaged community based groups in planning projects, and provided technical assistance to all applicants as a means to allow low-resourced groups an equitable chance for receiving funding. As a result, $400 million was invested in 127 new parks in neighborhoods that previously had insufficient or no park land.
- The California Department of Community Services and Development (CSD) plans to incorporate an equity toolkit for bill analysis into its legislative analysis processes for the 2017 legislative session.
- Between 2011-2017, a wide range of departments have incorporated equity and health goals, requirements, and criteria, into grant-making programs. These grant programs include: California Department of Transportation Active Transportation Program, SGC Prop 84 urban greening grants, SGC Sustainable Community Planning Grants, SGC California Climate Investment Programs, and California Natural Resources Agency Urban Greening Grants.

Strategy for Intervention

The Equity in Government Practices Action Plan has adopted a strategy of "Normalize, Organize, and Operationalize" to advance equity. This strategy was developed by the Center for Social Inclusion and is being used by more than 30 local California jurisdictions through the Government Alliance on Race and Equity.

Normalize conversations about equity
- Build common language and understanding of strategies and activities necessary to advance equity.
- Operate with urgency and build collective will. Build strong leadership combined with strategic and effective communication.
- Train staff and equip them with the knowledge and resources to promote equity.

Organize to achieve equity
- Build internal capacity to create a focused and organized infrastructure within the organization that moves equity work forward.
- Create and improve partnerships both within government and with external partners.

Operationalize practice and policies to promote equity
- Develop and implement resources including check-lists, promising practices, and other tools to be applied in implementation, that can be used to operationalize equity.
- Evaluate and track the progress and success of internal efforts in reducing inequities in outcomes across the state.

Figure 6: Strategy: Normalize, Organize, Operationalize. *Image Source: Center for Social Inclusion*
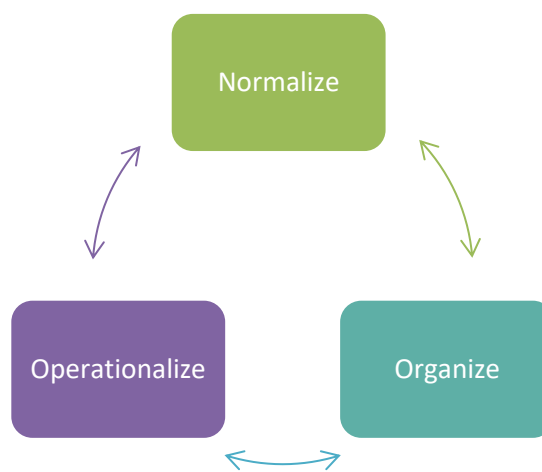
Evaluation and Accountability

The HiAP Task Force will report out annually on progress toward the listed objectives, through written reports to the Strategic Growth Council. These will become part of the public record. Evaluation of this Action Plan will be limited unless additional resources are secured. Evaluation is important to: 1) Demonstrate accountability to the public through fulfillment of these commitments; 2) Determine whether and how the listed objectives and actions lead to meaningful change in policies, practices, programs, and ultimately population health, equity, and environmental sustainability; and 3) Learn from this process, because the Task Force is an important "learning laboratory" for the Health in All Policies approach, and has a role to play in contributing to the national and international body of knowledge about this field.

Indicators

Although state government has many indicators of equity, there is a need for further development of indicators and other data tools in this area. Departments can add equity layers

to existing measurement tools, and may wish to collect new data in order to better understand their opportunities and impacts on closing inequities in the communities they serve. Further development of equity indicators will likely require additional resources. Following are a few existing sets of indicators and tools that are relevant to the work in this action plan:

- [Healthy Places Index](#) Public Health Alliance of Southern California
- [Healthy Communities Data and Indicator Project](#) , California Department of Public Health
- [Climate Change and Health Vulnerability Indicators for California](#) , California Department of Public Health
- [Regional Opportunity Index](#) , UC Davis Center for Regional Change
- [National Equity Atlas](#), PolicyLink
- [Cal Enviroscreen](#), California Environmental Protection Agency.

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[3] Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, Centers for Disease Control and Prevention

[4] Health and mental health inequities are disparities in health or mental health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair. (CA Health and Safety Code Section 131019.5)

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